

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER

SPECIAL EVIDENCE WARNING

WARNING! YOU ARE UNDER ARREST FOR:

- ☐ VEHICULAR HOMICIDE ☐ UNCONSCIOUS (DUI/PHYSICAL-CONTROL/MINOR-DRIVER)
☐ VEHICULAR ASSAULT ☐ DUI ARREST RESULTING FROM AN ACCIDENT WITH SERIOUS BODILY INJURY TO ANOTHER

A TEST OF YOUR BLOOD OR BREATH WILL BE ADMINISTERED TO DETERMINE THE CONCENTRATION OF ALCOHOL AND/OR ANY DRUG IN YOUR BLOOD; HOWEVER, I MUST ADVISE YOU THAT BECAUSE OF THE NATURE OF THE ARREST, ACCORDING TO THE LAW, A BLOOD OR BREATH TEST MAY BE ADMINISTERED WITHOUT YOUR CONSENT, AND THAT YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY A QUALIFIED PERSON OF YOUR OWN CHOOSING.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT

OFFICER'S SIGNATURE

SUBJECT'S SIGNATURE

DATE / TIME

LOCATION(S)

IMPLIED CONSENT WARNING FOR BLOOD

WARNING! YOU ARE UNDER ARREST FOR:

- ☐ RCW 46.61.502 or RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs.
☐ RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol.
☐ RCW 46.25.110: Driving a commercial motor vehicle while having alcohol in your system.

FURTHER, YOU ARE NOW BEING ASKED TO SUBMIT TO A TEST OF YOUR BLOOD TO DETERMINE ALCOHOL CONCENTRATION OR THE PRESENCE OF ANY DRUG WHERE: (A) YOU ARE INCAPABLE DUE TO PHYSICAL INJURY, PHYSICAL INCAPACITY, OR OTHER PHYSICAL LIMITATION, OF PROVIDING A BREATH SAMPLE; OR (B) YOU ARE BEING TREATED IN A HOSPITAL, CLINIC, DOCTOR'S OFFICE, EMERGENCY MEDICAL VEHICLE, AMBULANCE, OR OTHER SIMILAR FACILITY; OR (C) THE OFFICER HAS REASONABLE GROUNDS TO BELIEVE YOU ARE UNDER THE INFLUENCE OF ANY DRUG. A BLOOD TEST SHALL BE ADMINISTERED BY A QUALIFIED PERSON AUTHORIZED BY RCW 46.61.506(5).

YOU ARE NOW ADVISED THAT YOU HAVE THE RIGHT TO REFUSE THIS BLOOD TEST; AND THAT IF YOU REFUSE: (A) YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE REVOKED OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST ONE YEAR; AND (B) YOUR REFUSAL TO SUBMIT TO THIS TEST MAY BE USED IN A CRIMINAL TRIAL.

YOU ARE FURTHER ADVISED THAT IF YOU SUBMIT TO THIS BLOOD TEST, AND THE TEST IS ADMINISTERED, YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE SUSPENDED, REVOKED, OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST NINETY DAYS: (A) IF YOU ARE AGE TWENTY-ONE OR OVER AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BLOOD IS 0.08 OR MORE; OR (B) IF YOU ARE UNDER AGE TWENTY-ONE AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BLOOD IS 0.02 OR MORE; OR (C) IF YOU ARE UNDER AGE TWENTY-ONE AND YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF VEHICLE UNDER THE INFLUENCE.

YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY ANY QUALIFIED PERSON OF YOUR OWN CHOOSING.

FOR COMMERCIAL DRIVERS ONLY: IF YOU EITHER (A) REFUSE THIS TEST OR (B) SUBMIT TO THIS TEST AND THE TEST INDICATES AN ALCOHOL CONCENTRATION OF 0.04 OR MORE, YOU WILL BE DISQUALIFIED BY THE DEPARTMENT OF LICENSING FROM DRIVING A COMMERCIAL MOTOR VEHICLE.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT.

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).

OFFICER'S SIGNATURE

SUBJECT'S SIGNATURE

DATE / TIME

LOCATION(S)

WILL YOU NOW SUBMIT TO A BLOOD TEST?

☐ YES ☐ NO ☐ I observed blood draw.

Did subject express any confusion regarding the implied consent warnings? **If so, explain below.**

☐ YES ☐ NO

DATE / TIME SAMPLES TAKEN	CHEMICAL USED TO STERILIZE AREA	HOW DELIVERED? <input type="checkbox"/> HAND CARRIED <input type="checkbox"/> REGISTERED MAIL <input type="checkbox"/> OTHER:	
SAMPLE(S) TAKEN BY (PHYSICIAN, RN, QUALIFIED TECHNICIAN) (Please print legibly)		ADDRESS OF PERSON TAKING SAMPLE(S)	PHONE # OF PERSON TAKING SAMPLE(S)
GIVEN TO (OFFICER)	SAMPLES LABELED BY	DELIVERED FOR ANALYSIS BY	DELIVERED FOR ANALYSIS TO

VOLUNTARY BLOOD / URINE / BREATH

I VOLUNTARILY PERMIT _____ TO OBTAIN A SUFFICIENT AMOUNT OF MY BLOOD AND/OR URINE AND/OR BREATH TO TEST IT TO DETERMINE ITS ALCOHOL/DRUG CONTENT. THE PROCEDURES NECESSARY TO TAKE A SAMPLE OF MY BLOOD AND/OR URINE AND/OR BREATH HAVE BEEN EXPLAINED TO ME.

OFFICER'S SIGNATURE _____ SUBJECT'S SIGNATURE _____

DATE _____ TIME _____ LOCATION _____

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☐ On the date, time and location of this arrest, I had authority to arrest pursuant to my agency's jurisdiction or RCW 10.93

CONSTITUTIONAL RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT.
2. YOU HAVE THE RIGHT AT THIS TIME TO AN ATTORNEY.
3. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
4. IF YOU ARE UNDER THE AGE OF 18, ANYTHING YOU SAY CAN BE USED AGAINST YOU IN A JUVENILE COURT PROSECUTION FOR A JUVENILE OFFENSE AND CAN ALSO BE USED AGAINST YOU IN AN ADULT COURT CRIMINAL PROSECUTION IF THE JUVENILE COURT DECIDES THAT YOU ARE TO BE TRIED AS AN ADULT.
5. YOU HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE ANSWERING ANY QUESTIONS.
6. YOU HAVE THE RIGHT TO HAVE AN ATTORNEY PRESENT DURING THE QUESTIONING.
7. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU WITHOUT COST IF YOU SO DESIRE.
8. YOU CAN EXERCISE THESE RIGHTS AT ANY TIME.
9. DO YOU UNDERSTAND THESE RIGHTS?

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE EXPLANATION OF MY CONSTITUTIONAL RIGHTS AND I UNDERSTAND THESE RIGHTS.

SUBJECT'S SIGNATURE _____

I UNDERSTAND MY CONSTITUTIONAL RIGHTS. I HAVE DECIDED NOT TO EXERCISE THESE RIGHTS AT THIS TIME. ANY STATEMENTS MADE BY ME ARE MADE FREELY, VOLUNTARILY, AND WITHOUT THREATS OR PROMISES OF ANY KIND.

OFFICER'S SIGNATURE

SUBJECT'S SIGNATURE

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LOCATION(s)

☐ Constitutional rights (Miranda) were read in the field at _____ hours from the department issued rights card.

ATTORNEY REQUESTED

☐ YES ☐ NO

ATTORNEY CONTACTED? TIME:

☐ YES ☐ NO ☐ UNABLE

ATTORNEY'S NAME

ATTORNEY'S PHONE NO.

EXPLANATION: